



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711
fax (775) 684-4619
www.dmvnv.com

SCHEDULE G
ESTIMATED MILEAGE
(Method 1)

Method 1 should be used if (i.e. through a contract) the routes of travel and the estimated number of trips are known.

Name _____

Account Number _____ FEIN _____ USDOT# _____

Physical Address _____

Street City State Zip

Mailing Address _____

Street City State Zip

E-mail Address _____

Business Phone No. (____) ____ - ____ Other Business Phone No. (____) ____ - ____

Prior to the issuance of your registration, the Motor Carrier Division requires the following questions to be completed in full:

1. Indicate how these vehicles were registered previously (includes those under your ownership and leased to another company). If newly purchased, please skip to D; attach separate sheet, if needed.

☐ A. Nevada base plate – Name and plate # _____

☐ B. Nevada IRP plate – Name and plate # _____

☐ C. Out-of-state plate – State of issuance _____

Out-of-state base plate – Name and plate # _____

Out-of-state IRP plate – Name and plate # _____

Copies of Nevada or out-of-state registration (cab cards) are required.

☐ D. New purchase (vehicles recently purchased which were not in your possession in the previous registration year).

Purchased from: _____

Relationship to applicant (if any): _____

☐ E. Other – Explain in detail: _____

2. Have you ever had IRP registration in Nevada or any other jurisdiction?

☐ Yes – Name, jurisdiction and firm/account # _____

☐ No

3. Have you ever been associated with any company or individual in the past three (3) years that was apportioned in Nevada or any other jurisdiction?

☐ Yes – Name and jurisdiction _____

☐ No

4. Have you ever been denied registration?

- ☐ Yes – Explain _____
☐ No
5. Have you ever had your registration suspended or revoked?
☐ Yes – Explain _____
☐ No
6. Are your vehicle(s) presently leased to any individual or company?
☐ Yes – Name, address & phone number of lessee: _____

☐ No
7. Driver of the vehicle: _____
Driver's license #: _____
State: _____
CDL: ☐ Yes ☐ No
8. Operating Authority Number (if any) you will be working under: _____
Jurisdiction of issuance: _____ Is this your authority? ☐ Yes ☐ No
If no, please provide name and address of authority holder: _____

9. Are there any actual miles that have been accrued by your vehicle(s) that will be required to be reported?
☐ Yes ☐ No
If yes, explain origin of miles: _____

10. Have you ever been audited by Nevada or any other IRP jurisdiction?
☐ Yes ☐ No
If yes, approximately when: _____
11. Have you been instructed on the importance of maintaining individual vehicle distance records?
☐ Yes ☐ No
12. At what address do you plan to maintain these records for audit purposes?

13. Has any licensing service, remittance agency, trucking service agency, consultant, or any other individual(s) assisted you in the preparation of your IRP application(s)?
☐ Yes ☐ No
If yes, please list name and address: _____

14. You must complete the following and give a detailed business plan as justification for selection of jurisdictions in which you wish to apportion (*A detailed answer is required. Registration may be denied if not adequately answered. Attach additional sheets, if needed*):

STATE _____ Mileage X No. of Trips X Vehicles = Total Est. Mileage

Explanation of estimate:

STATE _____ Mileage X No. of Trips X Vehicles = Total Est. Mileage

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STATE _____ Mileage X No. of Trips X Vehicles = Total Est. Mileage

Explanation of estimate:

VERIFICATION

I, (we), the undersigned hereby certify that under penalty of perjury, that I (we) am the applicant making the foregoing Schedule G application, and that the Schedule G application has been read and the contents thereof and all statements contained herein are true, correct and complete to the best of my knowledge and belief.

Signed _____

Subscribed and sworn before me this _____ day

of _____, 20_____.

Notary Public or Authorized Nevada DMV Representative

Application Accepted By: _____

Reviewed By: _____

Approved

Yes _____

No _____

Reason for Denial
